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PAGE 1/3 * RCVD AT 8/14/2008 4:08:40 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/39 * DNIS:2738300 * CSID:714 546 9035 * DURATION (mm-ss):01-00

RUTAN & TUCKER, LLP

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August 14, 2008

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FROM:

Mike Borokhov - 2443

RE:

Request for Withdrawal as Attorney or Agent and Change of

Correspondence Address. Application No. 09/847,666

| LIENT/MATTER No.: 099999-0071 | Number of Pages, Including Cover: 2 |
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MESSAGE:

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS.

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| Application Number | 09/847,666 | |
|------------------------|--------------------|--------------------|
| Filing Date | 05-01-2001 | DEO |
| First Name Inventor | LESLIE P. ANTALFFY | RECEIVED |
| Art Unit | 1764 | CENTRAL PAX CENTER |
| Examiner Name | WACHTEL, ALEXIS A | ALIC 4 1 2000 |
| Attorney Docket Number | 100325.210103US3 | AUG 1 4 2008 |

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|--|--|---|---------------------------------------|--------------------------|--------------|--------------------|-----------|---------------------------------------|----------|
| To: | P.O. B | missioner for Patents Box 1450 andria, VA 22313-1450 | | | | | | | |
| Pleas | Please withdraw me as attorney or agent for the above identified patent application, and | | | | | | | | |
| | | ne attorneys/agents of record. | | | | | | | |
| | | ttorneys/agents (with registration numbers) listed on the attached paper(s), or | | | | | | | |
| \boxtimes | | | | | | | - F-P4. | (0), 0. | |
| _ | NOTE | ttorneys/agents associated with Customer Number 34284 E: This box can only be check when the power of attorney of record in the application is to all the practitioners associated with a customer number. | | | | | | | |
| The re | easons | for this request are | | | | | | | |
| Attorney and agents left this customer number 3/3/2007. It was agreed that attorney or his agents would file new powers of attorney for requested client transfers. Attorney has not filed a new power of attorney or has not changed their correspondence address. Therefore, we request withdrawal as power of attorney, and that the correspondence address be changed. | | | | | | | | | |
| | | | COR | RESPON | NDENCE . | ADDRESS | ···· | | \dashv |
| The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to: | | | | | | | | | |
| The address association with Customer Number: | | | | | | | | | |
| Firm or Robert Fish Individual Name Fish & Associates, PC | | | | | | 1 | | | |
| Addre | ess | 2603 Main Street, | Suite 1050 | | | | | | 1 |
| City | | Irvine | | State | CA | | Zip | 92614 | 1 |
| Count | | U.S.A. | | | | <u></u> | | |] |
| Telep | none | 949.253.9069 | | | Email | fish@fishipla | w.com | | 1 |
| Signature Tolking Tolk | | | | | | | | | |
| Name | | Todd W. Wight | - VIII- | | | Registratio | n No. | 45218 | 1 |
| Date | | 8 14/08 | · · · · · · · · · · · · · · · · · · · | | | Telephone | No. | 714.641.5100 | 1 |
| NOTE: and the | Withdraw expiration | al is effective when app | roved rather tha or response or p | n when re sossible ex | celved, Unit | ess there are at I | east 30 d | ave helween enomial of withdrawal | 1 |
| and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved. I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) | | | | | | | | | |
| to the USPTO Commissioner for Patents at P.O. Box 1450, Alexandria, VA 22313-1450 | | | | | | | | | |
| Dated: | | 8/14/08 | | | | 126-1 | | | |